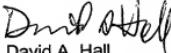


12/28/96  
U.S. PTOJ1011 U.S. PTO  
12/26/01
**TRANSMITTAL OF UTILITY  
APPLICATION UNDER 37 C.F.R. §1.53**

	Attorney Docket No.	38461-6098
	First named inventor	D. Levendowski
	Express mail label #	EL 870636759 US
	Date of mailing	December 28, 2001

<b>Application Elements</b>	<b>Accompanying Application Papers</b>
1. <input checked="" type="checkbox"/> Fee Transmittal Form 2. <input checked="" type="checkbox"/> Specification containing <u>73</u> pages (including Claims and Abstract). <ul style="list-style-type: none"> <li>a. Title: <b>SLEEP APNEA RISK EVALUATION</b></li> <li>b. Number of claims: <u>77</u></li> </ul> 3. <input checked="" type="checkbox"/> <u>9</u> sheets of drawings with <u>16</u> Figures 4. <input type="checkbox"/> Declaration 5. <input type="checkbox"/> Sequence Listing <ul style="list-style-type: none"> <li><input type="checkbox"/> Paper copy (identical to computer copy)</li> <li><input type="checkbox"/> Computer readable copy</li> <li><input type="checkbox"/> Verified statement</li> </ul>	6. <input type="checkbox"/> Copy of assignment documents from parent applications 7. <input type="checkbox"/> Preliminary Amendment 8. <input checked="" type="checkbox"/> Return Receipt Postcard 9. <input checked="" type="checkbox"/> Small Entity Status is claimed
<b>SIGNATURE OF ATTORNEY/AGENT</b>	
HELLER EHRLMAN WHITE & McAULIFFE LLP  David A. Hall Registration Number: 32,233	

Benefit of priority: Benefit of priority to U.S. Provisional Patent Application Serial No. 60/259,397 filed December 29, 2000 and to U.S. Provisional Patent Application Serial No. 60/304,391 filed July 9, 2001 is claimed. The subject matter of these patent applications is incorporated into this application in entirety.

<b>CORRESPONDENCE ADDRESS</b>	
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<b>FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53</b>	Attorney Docket No.	38461-6098
	First named inventor	D. Levendowski
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### FEE CALCULATION FOR CLAIMS AS AMENDED

a)	Basic Fee	\$740/\$370	\$ 370.00
b)	Independent Claims      5 - 3 = 2      x      \$84/\$42	\$84.00	\$ 84.00
c)	Total Claims      77 - 20 = 57      x      \$18/\$9	\$513.00	\$ 513.00
d)	Fee for Multiple Dependent Claims =      \$280/\$140	\$ 0.00	\$ 0.00
	<b>TOTAL FILING FEE</b>	<b>\$ 967.00</b>	

Applicant is a small entity.

A check is enclosed in the amount of \$ to cover the fee for filing the application.

Charge \$ \_\_\_\_\_ to Deposit Account No. 50-1213.

The Commissioner is hereby authorized to charge any fees that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 50-1213. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-1213 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:					
Typed or printed name	David A. Hall			Reg. Number	32,233
Signature		Date	12/28/01	Deposit Account	50-1213